

R430-100-7. PERSONNEL.

- (1) The center must have a director who is at least 21 years of age and who has one of the following educational credentials:
- (a) an associates, bachelors, or graduate degree from an accredited college and successful completion of at least 12 semester credit hours of early childhood development courses;
 - (b) valid proof of a level 8, 9, or 10 Utah Early Childhood Career Ladder certification issued by the Utah Office of Child Care or the Utah Child Care Professional Development Institute;
 - (c) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition, or other credential that the licensee demonstrates as equivalent to the Department; or
 - (d) a currently valid National Administrator Credential (NAC) issued by the National Child Care Association, plus one of the following:
 - (i) valid proof of successful completion of 12 semester credit hours of early childhood development courses from an accredited college; or
 - (ii) valid proof of completion of the following six Utah Early Childhood Career Ladder courses offered through Child Care Resource and Referral: Child Development Ages and Stages, Learning in the Early Years, A Great Place for Kids, Strong and Smart, Learning to Get Along, and Advanced Child Development.
 - (e) Center directors who used only the National Administrator Credential (NAC) to meet the director qualifications prior to 1 July [30 December] 2006 have until 30 June [30 December] 2011 to obtain the required additional training in early childhood development.

Rationale / Explanation

The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC, pgs. 11-12 Standard 1.014

College level coursework has been shown to have a measurable, positive effect on quality child care, whereas experience by itself has not. CFOC, pgs. 11-12 Standard 1.014

Enforcement

In order to qualify for the five-year grace period to obtain the required child development training for center directors who used the NAC only to meet director qualifications prior to 30 December 2006, the individual must have been approved and worked as a qualified center director with the NAC only prior to 30 December 2006.

Successful completion of a college course means a passing grade of C or better.

Always Level 2 Noncompliance.

- (2) All caregivers shall be at least 18 years of age.

Rationale / Explanation

Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. CFOC, pgs. 13-14

R430-100-7. PERSONNEL.

Standards 1.017, 1.018

The American Academy of Pediatrics and the American Public Health Association recommend that lead caregivers be at least 21 years of age. CFOC, pgs. 13-14 Standard 1.017

Enforcement

Always Level 2 Noncompliance.

- (3) All assistant caregivers shall be at least 16 years of age, and shall work under the immediate supervision of a caregiver who is at least 18 years of age.
- (4) Assistant caregivers may be included in caregiver to child ratios, but shall not be left unsupervised with children.
- (5) Assistant caregivers shall meet all of the caregiver requirements under this rule, except the caregiver age requirement of 18 years.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that assistant caregivers be at least 18 years of age, and that volunteers and students be at least 16 years of age, but never be left alone with children or counted in the ratios. CFOC, pgs. 14-15 Standard 1.018

Eighteen is the age of legal consent. Research in brain development and functioning in teenagers indicates that teenagers' responses to situations are more emotional and impulsive, and show less reasoned judgement, than adult responses. For more information on this research, see:

<http://www.nimh.nih.gov/Publicat/teenbrain.cfm>

<http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/>

Enforcement

Always Level 2 Noncompliance.

- (6) Whenever there are more than 8 children at the center, there shall be at least two caregivers present who can demonstrate the English literacy skills needed to care for children and respond to emergencies. If there is only one caregiver present because there are 8 or fewer children at the center, that caregiver must be able to demonstrate the English literacy skills needed to care for children and respond to emergencies.

Rationale / Explanation

Caregivers need English literacy skills in order to perform essential functions to protect children's health and safety, such as reading warning labels on chemicals, instructions on medications and medication authorization forms, emergency information on child enrollment forms, information on a child's health assessment, instructions on a fire extinguisher, etc.

English skills are also important in dealing with poison control and emergency response (911).

R430-100-7. PERSONNEL.

Enforcement

If there is a question about whether or not caregivers with the required English literacy skills are present, the licenser may give caregivers material printed in English and ask them to read it.

Level 1 Noncompliance: If there is an emergency and a caregiver is unable to get the needed emergency assistance.

Level 2 Noncompliance otherwise.

- (7) Each new caregiver, assistant caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the caregiver's file and shall include the following topics:
- (a) job description and duties;
 - (b) the center's written policies and procedures;
 - (c) the center's emergency and disaster plan;
 - (d) child care licensing rules for:
 - (i) Supervision and Ratios. R430-100-11;
 - (ii) Injury Prevention. R430-100-12;
 - (iii) Parent Notification and Child Security. R430-100-13;
 - (iv) Child Health. 430-100-14;
 - (v) Child Nutrition. R430-100-15;
 - (vi) Infection Control. R430-100-16;
 - (vii) Medications. R430-100-17;
 - (viii) Napping. R430-100-18;
 - (ix) Child Discipline. R430-100-19;
 - (x) Activities. R430-100-20;
 - (xi) Transportation, R430-100-21, if the center provides transportation;
 - (xii) Animals, R430-100-22, if the center permits animals;
 - (xiii) Diapering, R430-100-23, if the center diapers children; and
 - (xiv) Infant and Toddler Care, R430-100-24, if the center cares for infants or toddlers.
 - (e) introduction and orientation to the children assigned to the caregiver;
 - (f) a review of the information in the health assessment for each child in their assigned group;
 - (g) procedure for releasing children to authorized individuals only;
 - (h) proper clean up of body fluids;
 - (i) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
 - (j) obtaining assistance in emergencies, as specified in the center's emergency and disaster plan.
 - (k) If the center provides infant care, new caregiver orientation training topics shall also include:
 - (i) preventing shaken baby syndrome and coping with crying babies; and
 - (ii) preventing sudden infant death syndrome.

Rationale / Explanation

The purpose of this rule is to ensure that all new staff members receive basic training for the work they will be doing, and understand their duties and responsibilities. Because of frequent staff turnover in the child care field, it is essential that the health and safety of children in care are protected by not leaving new caregivers alone with children until they have completed basic orientation training. CFOC, pgs. 17-19 Standard 1.023

R430-100-7. PERSONNEL.

Enforcement

Level 2 Noncompliance: If a new caregiver does not have orientation training, or documentation of orientation training, in:

- *the center's emergency and disaster plan (c).*
- *the child care licensing rules for:*
 - *supervision and ratios (d)(i).*
 - *injury prevention (d)(ii).*
 - *parent notification and child security (d)(iii).*
 - *child health (d)(iv).*
 - *infection control (d)(vi).*
 - *medications (d)(vii).*
 - *napping (d)(viii).*
 - *child discipline (d)(ix).*
 - *transportation (d)(xi).*
 - *diapering (d)(xiii).*
 - *infant and toddler care (d)(xiv).*
- *introduction and orientation to the children assigned to the caregiver (e).*
- *a review of the information in the health assessment for each child in their assigned group (f).*
- *procedures for releasing children to authorized individuals only (g).*
- *proper clean up of body fluids (h).*
- *signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation (i).*
- *obtaining assistance in emergencies, as specified in the center's emergency and disaster plan (j).*
- *SIDS, coping with crying babies, and Shaken Baby Syndrome, if the center cares for infants (k).*

Level 3 Noncompliance: If a new caregiver does not have orientation training, or documentation of orientation training, in:

- *job description and duties (a)*
- *the center's written policies and procedures (b)*
- *the child care licensing rules for:*
 - *child nutrition (d)(v).*
 - *activities (d)(x).*
 - *animals (d)(xii).*

(8) The center director and all caregivers shall complete a minimum of 20 hours of training each year, based on the center's license date.

- (a) Documentation of annual training shall be kept in each caregiver's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.**
- (b) Caregivers who begin employment partway through the license year shall complete a proportionate number of training hours based on the number of months worked prior to the center's relicensure date.**
- (c) Annual training hours shall include the following topics:**
 - (i) a review of all of the current child care licensing rules for:**
 - (A) Supervision and Ratios. R430-100-11;**
 - (B) Injury Prevention. R430-100-12;**
 - (C) Parent Notification and Child Security. R430-100-13;**

R430-100-7. PERSONNEL.

- (D) Child Health. 430-100-14;
 - (E) Child Nutrition. R430-100-15;
 - (F) Infection Control. R430-100-16;
 - (G) Medications. R430-100-17;
 - (H) Napping. R430-100-18;
 - (I) Child Discipline. R430-100-19;
 - (J) Activities. R430-100-20;
 - (K) Transportation, R430-100-21, if the center provides transportation;
 - (L) Animals, R430-100-22, if the center permits animals;
 - (M) Diapering, R430-100-23, if the center diapers children; and
 - (N) Infant and Toddler Care, R430-100-24, if the center cares for infants or toddlers.
- (ii) a review of the center's written policies and procedures and emergency and disaster plans, including any updates;
 - (iii) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
 - (iv) principles of child growth and development, including development of the brain; and
 - (v) positive guidance.
- (d) If the center provides infant care, annual training topics for the center director and all infant and toddler caregivers shall also include:
 - (i) preventing shaken baby syndrome and coping with crying babies; and
 - (ii) preventing sudden infant death syndrome.
- (9) A minimum of 10 hours of the required annual in-service training shall be face-to-face instruction.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC, pgs. 24-25 Standard 1.029; pgs. 9-10 Standards 1.010, 1.011, 1.012; pgs. 27-28 Standard 1.032; pg. 41 Standard 1.053; pgs. 75-76 Standards 2.061, 2.064; pg. 117 Standard 3.056

Accurate and complete training records are needed to track staff training and monitor compliance with this rule. CFOC, pg. 29 Standard 1.034

Enforcement

Training conducted at in-house staff meetings may be counted toward the total required training hours. However, only that portion of the staff meeting during which training was given (as opposed to business matters, such as assigning tasks or work schedules, etc.) can be counted as required training hours.

In-house training conducted at staff meetings can be documented in a log that includes all of the required information. Training from outside sources, such as CCR&R or outside workshops or conferences, must have a certificate or other documentation from the agency delivering the training.

For caregivers who begin working partway through the licensing year, they must have completed an average of 1

R430-100-7. PERSONNEL.

hour and 40 minutes of training for each full month of employment. Time spent in orientation training during a new employee's first year of employment can count toward their hours of required annual training for the first year.

Level 2 Noncompliance: If a caregiver has not completed the required hours of training, and/or has not completed training in all of the required topics.

Level 3 Noncompliance: If caregivers have documentation of receiving the required hours of training, including all topics, but the training documentation does not include all of the information required in the rule. Or, if they do not have 10 hours of face-to-face instruction.